



## Area Agency on Aging, PSA 2

6 South Patterson Blvd. Dayton, Ohio 45402-2133  
937-341-3000 or 1-800-258-7277 FAX 937-341-3005  
Douglas McGarry, Executive Director

### NOTICE OF PRIVACY PRACTICES

**This notice describes how medical and health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

#### ABOUT THIS NOTICE

**This Notice of Privacy, required by the Federal Health Insurance Portability and Accountability Act of 1996, describes how the Area Agency on Aging, PSA 2 (the Agency) may use and disclose your health information to carry out treatment, payment and health care operations and for other purposes permitted or required by law. Additionally, your rights to access and control that information are described.**

#### USE AND DISCLOSURE OF HEALTH INFORMATION

The Area Agency on Aging, PSA 2 has a limited right to use and /or disclose your Protected health Information (PHI) for the purposes of providing you treatment, obtaining payment for your care and conducting health care operations. The **Area Agency on Aging** (Agency) has established policies to guard against unnecessary disclosure of your health information.

#### **THE FOLLOWING IS A SUMMARY OF WHEN AND WHY YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:**

**To Provide Treatment.** The Agency may use your health information to coordinate or manage your care within the Agency and with other individuals outside of the Agency involved in your care, such as your attending physician and other health care professionals. For example, certain service providers involved in your care need information about your medical condition in order to deliver appropriate services.

**To Obtain Payment.** The Agency may include your health information in invoices to collect payment from third parties for the care you receive through the Agency. For example, some health information is transmitted to the Ohio Department of Aging and the Ohio Department of Job and Family Services when billing transactions are conducted.

**To Conduct Health Care Operations.** The Agency may use and disclose health information for its own operations and as necessary to provide quality care to all of the Agency's service recipients. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and consumers with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Agency.

As an example, the Agency may use your health information to evaluate its staff performance, or combine your health information with other Agency consumers in evaluating how to more effectively serve all Agency consumers. Your health information may be disclosed to Agency staff and contracted personnel for training purposes, or used to contact you as a reminder regarding a visit to you, or community information mailings (unless you tell us you do not want to be contacted).

**For Appointment Reminders.** The Agency may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

**For Treatment Alternatives.** The Agency may use and disclose your health information to tell you about or recommend possible service options or alternatives that may be of interest to you.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES WHEN  
YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED**

**When Legally Required.** The Agency will disclose your health information when it is required to do so by any Federal, State or Local law.

**When There Are Risks to Public Health.** The Agency may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

**To Report Abuse, Neglect Or Domestic Violence.** The Agency is allowed to notify government authorities if the Agency believes a patient is the victim of abuse, neglect or domestic violence. The Agency will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**To Conduct Health Oversight Activities.** The Agency may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial And Administrative Proceedings.** The Agency may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order; or, in response to a subpoena, discovery request or other lawful process, if the Agency determines that reasonable efforts have been made by the party seeking the information to either notify you about the request or to secure a qualified protective order regarding your health information (*HIPAA reg.Sec.164.512.e.1*). Under Ohio law, some requests may require a court order for the release of any confidential medical information, which would be more protective than the federal requirements.

**For Law Enforcement Purposes.** As permitted or required by State law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.

- To a law enforcement official if the Agency has a suspicion that your death was the result of criminal conduct including criminal conduct at the Agency.
- In an emergency in order to report a crime.

**For Research Purposes.** The Agency may, under very select circumstances, use your Protected Health Information for research. Before the Agency discloses any of your health information for such research purposes in a way that you could be identified, the project will be subject to an extensive review & approval process, unless otherwise prohibited as with Medicaid.

**In the Event of A Serious Threat To Health Or Safety.** The Agency may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Agency, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize the Agency to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

**For Worker's Compensation.** The Agency may release your health information for worker's compensation or similar programs.

#### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, the Agency will not disclose your health information other than with your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization in writing at any time.

#### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that the Agency maintains:

**Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Agency's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Agency is not required to agree to your request. If you wish to make a request for restrictions, please contact **Privacy Officer (937-341-3000)**

**Right to receive confidential communications.** You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact, **Privacy Officer (937-341-3000)**. The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

**Right to inspect and copy your health information.** Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to **Privacy Officer (937-341-3000)**. If you request a copy of your health information, the Agency may charge a reasonable fee for copying and assembling costs associated with your request.

**Right to amend health care information.** You or your representative have the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Agency. A request for an amendment of records must be made in writing to **Privacy Officer (6 S. Patterson Blvd., Dayton, OH 45402)**. The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Agency, if the records you are requesting are not part of the Agency's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if in the opinion of the Agency, the records containing your health information are accurate and complete.

**Right to know what disclosures have been made.** You or your representative have the right to request an accounting of disclosures of your health information made by the Agency for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to **Privacy Officer (6 South Patterson Blvd., Dayton, OH 45402)**. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. The Agency would provide the first accounting your request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**Right to a paper copy of this notice.** You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact **Privacy Officer (937-341-3000)**.

### **DUTIES OF THE AGENCY**

The Agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time. The Agency reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes its Notice, the Agency will provide a copy of the revised Notice to you or your appointed representative.

### **Where to file a complaint**

You or your personal representative has the right to express complaints to the Agency and to the Secretary of DHHS if you or your representative believes that your privacy rights have been violated. Any complaints to the Agency should be made in writing to the contact person listed below. The Agency encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. You may also file a written complaint with the **Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C., 2201** or call **1-877-696-6775**.

### **CONTACT PERSON**

The Agency has designated **Cathie Hoffman, RN** as its contact person for all issues regarding patient privacy and your right under the Federal privacy standards. You may contact her at **6 South Patterson Blvd., Dayton, OH 45402** or call **937-341-3029**.

### **EFFECTIVE DATE**

This notice is effective April 14, 2003

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE  
CONTACT CATHIE HOFFMAN AT ADDRESS/PHONE ABOVE.**